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CONFIRMATION NO. 6314

<b>SERIAL NUMBER</b> 10/798,496	<b>FILING OR 371(c) DATE</b> 03/11/2004 <b>RULE</b>	<b>CLASS</b> 030	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> 00216-618001	
<b>APPLICANTS</b> Michael Kwecien, Scituate, MA; <i>OK 9A</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/455,646 03/18/2003 <i>OK 9A</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE 9A</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/26/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Chassen Aie 9A</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 26161					
<b>TITLE</b> Shaving systems					
<b>FILING FEE RECEIVED</b> 2786	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		